

PLANNING: 636-4360
FIRE: 636-4325
POLICE: 636-4330
BUILDING: 636-4355
HEALTH: 636-4035



CITY OF HOLLISTER
375 FIFTH STREET
HOLLISTER, CA 95023
(831) 636-4301

☐ NEW

☐ RENEWAL

THIS IS A NON-REFUNDABLE BUSINESS TAX

BEFORE PAYING THIS TAX: You should check with our Planning, Fire and Building Departments, obtain and comply with all necessary permits, zoning and inspections for this business. If you fail to contact any of the departments and they notify you that the business is not permitted, **BUSINESS TAXES PAID WILL NOT BE REFUNDED.**

Form must be filled out completely for **NEW** or **RENEWAL** and returned to us for review.

SECTION 1. BUSINESS AND OWNER INFORMATION:

Business Name: _____ Phone: _____

Business Address: _____ Zip Code: _____

Mailing Address (If different than above): _____

Business is Operated as: Corporation _____ Partnership _____ Sole _____ Other _____

Fed. Emp. ID# or Soc. Sec. # _____ Home Occupation: Y or N

OWNER/MANAGER NAME: _____ Phone: _____

Home Address: _____ Zip Code: _____

EMERGENCY CONTACT NAME: _____ Phone: _____

This information is confidential to the extent allowed by law and the California Constitution Article I Section I.

SECTION 2: Section Number _____ (For City Hall Use) State Contractor License # _____

WHAT IS THE NATURE OF YOUR BUSINESS? (Please describe fully.)

SECTION 3: I CERTIFY (OR DECLARE) UNDER PENALTY OR PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature: _____ Date: _____

AUTHORIZED SIGNATURE

RETURN WHITE COPY TO CITY LICENSE COLLECTOR ALONG WITH PAYMENT

DATE PAID: _____ TAX AMOUNT DUE: _____ SIGN: _____

CITY COLLECTOR

PLUS PENALTY DUE: _____

TOTAL DUE AND PAID: _____

FOR CITY USE ONLY:

BUSINESS # _____

STATUS A (ACTIVE)

CLASSIFICATION: _____

LOCATION: _____ (1 inside 2 outside)

SIC CODE: _____

BUSINESS GROUP: _____

CATEGORY: _____

RATE CODE: _____